
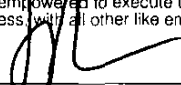


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 019 ***150.00

DOCUMENT # P95000093992			
1. Entity Name CAR PLAZA, INC.			
Principal Place of Business 8360 W. OAKLAND PARK BLVD. #201 SUNRISE, FL 33351		Mailing Address 8360 W. OAKLAND PARK BLVD. #201 SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE, FL 33309		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADOCH, DAVID	NAME	TIROSH, ZIV
STREET ADDRESS	8360 W. OAKLAND PARK BLVD. #201	STREET ADDRESS	25 BEN YOSSEF ST.
CITY-ST-ZIP	SUNRISE, FL	CITY-ST-ZIP	TEL AVIV, ISRAEL 69125
TITLE	DT <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUR, ISRAEL	NAME	MENDIOLA, JOIE
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 202	STREET ADDRESS	616 VEGA PLAZA
CITY-ST-ZIP	NORTH MIAMI, FL	CITY-ST-ZIP	WESTON FL 33326
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADOCH, MICHAEL	NAME	
STREET ADDRESS	1250 NW FLAMINGO RD	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN CARLOS	NAME	
STREET ADDRESS	4862 NW 72ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDIOLA, JOSE	NAME	
STREET ADDRESS	2425 NW 139TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAEJEN, ARIE	NAME	
STREET ADDRESS	5051 SW 35TH WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/30/08 Daytime Phone #: 954-512-5061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	